

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90085 002 \*\*\*150.00

**DOCUMENT # P95000062958**

1. Entity Name  
**FLYING DUTCHMAN, INC.**

Principal Place of Business

**611 20TH STREET S.E.  
 NAPLES FL 34117  
 US**

Mailing Address

**350 5TH AVE. SOUTH  
 200  
 NAPLES FL 33940**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**611 20th St. S.E.**

Suite, Apt. #, etc.

City & State

**NAPLES FL**

Zip

**34117**

Country

**US**

4. FEI Number **65-0748276**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**AMATO, LOUIS X  
 350 5TH AVE. SOUTH  
 SUITE 200  
 NAPLES FL 33940**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**801 LAUREL OAK DRIVE**

**SUITE 615**

City **NAPLES**

**FL**

Zip Code **34108**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **MORRIS, JON**  
 STREET ADDRESS **611 20TH STREET S.E.**  
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE **VP** ☐ Delete  
 NAME **BROUSSEAU, TED**  
 STREET ADDRESS **COLLIER COUNTY COURTHOUSE**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **S** ☐ Delete  
 NAME **AMATO, LOUIS X**  
 STREET ADDRESS **350 5TH AVE. SOUTH #200**  
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **34112**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **801 LAUREL OAK DRIVE**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LOUIS X. AMATO**

Date

Daytime Phone #

**1/12/01 941 596 2150**

CR2E034 (10/00)